



DLA PIPER US LLP
2000 University Avenue
East Palo Alto, California 94303-2248
O 650.833.2258
F 650.833.2001
W www.dlapiper.com

FAX TRANSMISSION COVER SHEET

To: M/S: ISSUE FEE

Telephone:

February 16, 2007

Fax Number:

Centralized Facsimile Number
U.S. Patent & Trademark Office
Commissioner for Patents
Alexandria, VA 22313-1450

571-273-2885

From: Andrew B. Schwaab
Reg. No. 38,611
Tel: 650-833-2258

Attorney-Docket
Number:

351913-992231

Re: U.S. Patent Application No. 10/764,381
Filed: January 22, 2004
Applicant/Inventor(s): Hieu Van Tran
Entitled: WIDE DYNAMIC RANGE AND HIGH SPEED VOLTAGE MODE
SENSING FOR A MULTILEVEL DIGITAL NON-VOLATILE MEMORY

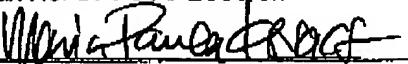
Pages: 4 - (including this form) Originals: will not follow

If there is a problem with this transmission, please call Maria Kovacs at 650-833-1566
Message: Please make a matter of record the attached.

The following documents are being facsimile transmitted to the U.S. Patent and Trademark
Office on FEBRUARY 16, 2007:

1. Transmittal Form (PTO/SB/21) (1 pg);
2. Part B – Issue Fee Transmittal (1 pg);
3. Fee Transmittal FY 2006 (PTO/SB/17) (1 pg); and
4. (This) Certificate of Facsimile Transmission under 37 CFR 1.8 (1 pg.).

I hereby certify that this correspondence is being
facsimile transmitted to the United States Patent and
Trademark Office at Fax No. **571-273-2885** on
February 16, 2007


Maria Paula Kovacs

Applicants believe there are no fees associated with this communication, however, the
Commissioner is authorized to charge any fees associates associated with this communication
to Deposit Account 07-1896, referencing 351913-992231. Thank you.

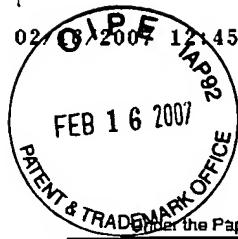
CONFIDENTIALITY NOTICE

This communication is ONLY for the person named above. Unless otherwise indicated, it contains information that is confidential, privileged or exempt from disclosure under applicable law. If you are not the person named above, or responsible for delivering it to that person, be aware that disclosure, copying, distribution or use of this communication is strictly PROHIBITED. If you have received it in error, or are uncertain as to its proper handling, please immediately notify us by collect telephone and mail the original to us at the above address. Thank you.

Serving clients global
EM|7214819.1

PAGE 1/4 * RCVD AT 2/16/2007 3:47:41 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/13 * DNIS:2732885 * CSID:650 833 2001 * DURATION (mm:ss):02:14

BEST AVAILABLE COPY



PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|---|------------------------|--------------------------------|
| Total Number of Pages In This Submission | 4 | Application Number | 10/764,381 |
| | | Filing Date | January 22, 2004 |
| | | First Named Inventor | Hieu Van TRAN |
| | | Art Unit | 2824 |
| | | Examiner Name | Son T. DINH |
| | | Attorney Docket Number | 351913-992231 (2102397-992231) |

ENCLOSURES (Check all that apply)

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached from deposit acc't | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | 1. Part B- Fee Transmittal PTOL-85; 2. Fax Cover Certificate of Facsimile Transmission u 37 CFR. 1.8. |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD. Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |
| The Commissioner is authorized to charge any additional fees which may be required, including petition fees and extension of time fees, to Deposit Account No. 07-1896 (Docket No. 351913-992231). | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------|----------|--------|
| Firm Name | DLA PIPER US LLP | | |
| Signature | | | |
| Printed name | Andrew B. Schwaab | | |
| Date | February 16, 2007 | Reg. No. | 38,611 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|-----------------------|--------------------|------|-------------------|
| Signature | | Date | February 16, 2007 |
| Typed or printed name | Maria Paula Kovacs | | |

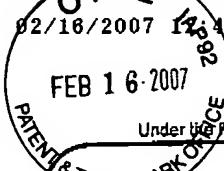
This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PA10490474.1
351913-992231

PAGE 2/4 * RCVD AT 2/16/2007 3:47:41 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/13 * DNIS:2732885 * CSID:650 833 2001 * DURATION (mm:ss):02:14

BEST AVAILABLE COPY



02/16/2007 12:46 FAX 650 833 2001

DLA PIPER US LLP

004

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0551-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL
for FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,721.00)

Complete If Known

| | |
|----------------------|--------------------------------|
| Application Number | 10/764,381 |
| Filing Date | January 22, 2004 |
| First Named Inventor | Hieu Van TRAN |
| Examiner Name | Son T. DINH |
| Art Unit | 2824 |
| Attorney Docket No. | 351913-992232 (2102397-992231) |

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 07-1896 Deposit Account Name: DLA PIPER US LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

| Total Claims | Extra Claims | Fee (\$) | Fees Paid (\$) |
|--------------|--------------|----------|----------------|
|--------------|--------------|----------|----------------|

| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------|----------|---------------|
|---------------------------|----------|---------------|

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fees Paid (\$) |
|---------------|--------------|----------|----------------|
|---------------|--------------|----------|----------------|

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
|--------------|--------------|--|----------|---------------|

- 100 = _____ /50= _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

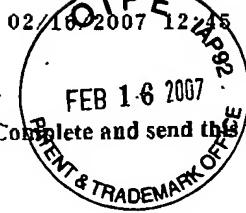
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): CFR (150) 1.18(a) Issue Fee \$1,400; (1504) 1.18(d) Publication Fee \$300; & (800) 1.19(a)(1) seven (7) soft patent copies Fee \$21,000.

1,721.00

| SUBMITTED BY | | Registration No. (Attorney/Agent) | Telephone (650) 833-2104 |
|-------------------|------------------|--------------------------------------|--------------------------|
| Signature | | 38,611 | |
| Name (Print/Type) | Andrew B. Schwab | | Date February 16, 2007 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, go to www.uscourtsforms.us



02/16/2007 12:45 FAX 650 833 2001

DLA PIPER US LLP

003

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26379 7590 11/24/2006
DLA PIPER RUDNICK GRAY CARY US, LLP
 2000 UNIVERSITY AVENUE
 E. PALO ALTO, CA 94303-2248
 02/20/2007 TTRAN2 00000027 071896 10764381

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 21.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | |
|---------------------------|--------------------|
| MARIA PAULA KOVACS | (Depositor's name) |
| <i>Maria Paula Kovacs</i> | (Signature) |
| February 16, 2007 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/764,381 | 01/22/2004 | Hieu Van Tran | 2102397-992231 | 1706 |

TITLE OF INVENTION: WIDE DYNAMIC RANGE AND HIGH SPEED VOLTAGE MODE SENSING FOR A MULTILEVEL DIGITAL NON-VOLATILE MEMORY

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|----------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 02/26/2007 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | | |
| DINH, SON T | 2824 | 365-207000 | | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 DLA PIPER US LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SILICON STORAGE TECHNOLOGY, INC.

SUNNYVALE, CALIFORNIA U.S.A.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies (7) seven

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-1896 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Andy Schwaab

Date Feb. 16, 2007

Typed or printed name

ANDREW B. SCHWAAB

Registration No. 38,611

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.